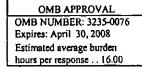
FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	1	Serial			
DA	TER	ECEIVED			
	1				

	BECD HE O	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)		
UNITED BENEFITS & PENSION SERVICES, INC. – Secured Convertible Notes, Due September 30	, 2007AY 1 4 200	7
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sect	on 4(6) ULOE	
Type of Filing: New Filing Amendment	1/	
A. BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer	•	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		
UNITED BENEFITS & PENSION SERVICES, INC.		
Address of Executive Offices (Number and Street, City,		ne Number
		ng Area Code)
345 Governors Lane, Fairfield, CT 06824	(203)-	254-0071
Address of Principal Business Operations (Number and Street, City,		ne Number
(if different from Executive Offices)	(Includi	ng Area Code)
Brief Description of Business	[()	
To engage in the third-party pension and benefit administration business specializing in servicing Taft-Hartle	ev multi-employer henefi	t nlans
2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		DOCECCE
Type of Business Organization	F	UNCESSE
☐ corporation ☐ limited partnership, already formed ☐ other (please spe	cify):	
business trust limited partnership, to be formed	~~~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MAY 2 4 2007
Month Year		
Actual or Estimated Date of Incorporation or Organization: [1 0] [0 6]	al Estimated	THOMSON
i i i i i i i i i i i i i i i i i i i		FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E]		
CN for Canada; FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. (or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is d Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that adwas mailed by United States registered or certified mail to that address.	eemed filed with the U.S. S dress after the date on which	ecunities and Exchange it is due, on the date it

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA						
2. Enter the informati	on requested for the t	ollowing:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each benef	 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 								
Each execution	tive officer and direc	tor of corporate issuers and of co	orporate general and managing par	tners of partnership is:	suers; and				
• Each gener	al and managing part	ner of partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Stierwalt, Richard E.									
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)							
United Benefits & Pension	Services, Inc., 345	Governors Lane, Fairfield,	CT 06824						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)		<u></u>						
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)							
	·								
Check Box(es) that Apply:	Promoter	Beneficial F	Executive Officer	rirector	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)		······································					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)	<u> </u>							
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)	·						
		•							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)	 							

Business or Residence Address (Number and Street, City, State, Zip Code)

			·		В. Т	NFORM	ATION	ABOUT	OFFE	UNG		·		
1.	Has the	issuer sold	, or does the	e issuer inte	न्नाd to sell,	to non-accre	dited inves	tors in this	offering?				************	Yes No ⊠
						r also in Ap								
2.	What is	the minim	um investm	ent that wil	l be accept	ed from any	individual	?		******		**1******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$N/A
														Yes No
3.	Does th	e offering p	oermit joint	ownership	of a single	unit?			•••••••	······		•••••••		
4.	solicitat dealer n persons	ion of pure egistered w of such a b	hasers in co ith the SEC	nnection w and/or wit aler, you m	rith sales of h a state or	securities i	n the offeri he name of	ng. If a per the broker	son to be li: or dealer. I	sted is an as I more than	sociated pe	erson or age	nilar remune nt of a broke listed are as	er of
run Nan	ne (Last na	mic mist, m	ingividual)											
Business	or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)				_				
Name of	Associate	d Broker o	r Dealer						· ·					
States in	Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	s	 -			<u> </u>			
(Check	"All State	s" or check	individual	States)	······					****		••••		All States
·	(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] (KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] (ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] {PR]	
Full Nam			individual)		[]				[]		(,			
Business	or Reside	nce Addres	s (Number	and Street,	City, State,	, Zip Code)								
Name of	Associate	d Broker or	Dealer											
States in	Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	;			····				
(Check	"All State	s" or check	individual :	States)		,,*******	*********	************	******					All States
	(AL) [IL] [MT]	(AK) [IN] [NE] [SC]	(AZ] [IA] [NV] (SD]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	(DE) [MD] [NC]	[DC] [MA] [ND]	{FL} [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR]	(ID) [MO] [PA]	
Full Nam	[RI] ne (Last na		individual)	[TN]	[TX]	[UT]	[V <u>T]</u>	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Business	or Reside	nce Addres	s (Number :	and Street,	City, State,	Zip Code)								
Name of	Associate	Broker or	Dealer	<u> </u>	 ·									
States in	Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchasers	<u></u>					 .		
(Check	"All State:	" or check	individual !	States)	************			***********	*********		****			Ali States
	[AL] (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] (NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND I	USE OF PROCEEDS	3
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \[\square\$ and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$0
	Equity	\$	\$
	☐ Common ☐ Preferred	•	•
	Convertible Securities (including warrants)	\$ 0	\$ 0
	Partnership Interests	· ————	\$ 0
	Secured Convertible Notes	\$250,000	\$ 250,000
	Total		\$ 250,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>\$ 250,500</u>	<u>\$ 250,000</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	8	\$ 250,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		<u>\$</u>
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	-	\$
	Legal Fees		\$ <u>22,500</u>
	Accounting Fees		\$ <u></u>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous (Blue sky fees, courier, duplicating, etc.)		\$
	Total		\$ 22,500
			<u> </u>

•	C. OFFERING I RICE, NOMBE	R OF INVESTORS, EXPENSES AND U	SE OF PROCEED	os
	 b. Enter the difference between the aggregate Question 1 and total expenses furnished in r difference is the "adjusted gross proceeds to t 	esponse to Part C - Question 4.a. This		\$ <u>227,500</u>
5.	Indicate below the amount of the adjusted grot to be used for each of the purposes shown. If furnish an estimate and check the box to the lepayments listed must equal the adjusted gross response to Part C - Question 4.b above.	the amount for any purpose is not known, eft of the estimate. The total of the		
	(Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$_0	□ \$ 0
	Purchase of real estate		\$ 0	□\$ 0
	Purchase, rental or leasing and installation of		<u> </u>	□\$ 0
	Construction or leasing of plant buildings and	· -		□ \$ 0
	Acquisition of other businesses (including the		· [] •0	LJ 9 <u> </u>
	offering that may be used in exchange for the	assets or securities of another issuer		
	pursuant to a merger)		. 🗆 \$ 0	□ \$ <u> </u>
	Repayment of indebtedness		\$_0	□ \$ <u>0</u>
	Working capital		- □ \$ 0	■ \$ 227,500
	Other (specify):		\$ <u></u> 0	□\$ 0
			\$_0_	□\$ 0
	Column Totals	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- □\$ 0	⊠ \$ 227,500
	Total Payments Listed (column totals added)			\$227,500
			<u></u>	
		D. FEDERAL SIGNATURE		· · · <u>-</u>
followin of its sta	ner has duly caused this notice to be signed by g signature constitutes an undertaking by the ff, the information furnished by the issuer to a	issuer to furnish to the U.S. Securities and I	Exchange Commiss	sion, upon written reque
	nt or Type) D BENEFITS & PENSION SERVICES,	Signature Dichard & Diesu	relt .	5/3/2007
Name of S	igner (Print or Type)	Title of Signer (Print or Type)	,	
Name of 3	E. Stierwalt	President		

END